

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Conservative Campaign Committee</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495010		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>Clear Channel Media &amp; Entertainment</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 23 / 2013		
Mailing Address 1331 Main Street Suite 4			Amount <span style="border: 1px solid black; padding: 2px;">2227</span>		
City Springfield State MA Zip Code 01103-1621		Transaction ID : 72665			
Purpose of Expenditure Advertising 4/25 to 4/30		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Michael Sullivan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">13737.7</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶			
Full Name (Last, First, Middle Initial) of Payee			Date		
Mailing Address			<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
City State Zip Code			Amount		
Purpose of Expenditure		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">2227.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;"> <span style="margin-right: 100px;">Signature <u>Kelly Lawler</u></span> <span style="margin-right: 100px;">[Electronically Filed]</span> <span>Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 23 / 2013</span> </p>					